

Louisiana Department of Public Safety and Corrections
Victim/Witness Notification Request Form

As an individual affected by the criminal acts of another person, you have a right to participate in the criminal justice system. If the individual who committed the crime has been sentenced to state custody and you want information about his status or the Department's policies and programs or your rights and responsibilities, you may contact the Crime Victims Services Bureau. You may also consult the agency's web site at www.corrections.state.la.us.

If you would like to register to be notified when (1) an adult inmate who committed the crime that involved you makes a successful court appeal, is furloughed, is released to the community on work release or parole supervision, escapes, or is scheduled for a parole or pardon hearing or (2) a juvenile offender who committed the crime against you or a family member is paroled, transferred to a non-secure program, discharged or escapes, complete this form and mail it to the address below.

Please notify the agency of any change in your address and/or telephone numbers.

Crime Victims Services Bureau
P.O. Box 94304, Baton Rouge, LA 70804-9304

Telephone Numbers: in Baton Rouge area - 342-6223; long distance, toll-free – 888-342-6110

Your request will be kept confidential.

Person requesting notification: _____ Name of direct victim (if not the same) _____

Address: _____ Telephone No. H (____) _____
W (____) _____

You are (check one): _____ Direct victim of offense _____ Witness to offense _____ Parent/Guardian of victim
_____ Other (explain): _____ Relationship to inmate (if any): _____

Was the person who committed the crime sentenced as an adult or a juvenile? _____

If a juvenile, signature of District Attorney's representative: _____

Inmate's name: _____ Inmate's DOC # _____

Inmate's DOB: _____ Offense** _____

Length of Sentence/Commitment: _____ Date of Sentencing: _____

Parish of Conviction /Judicial District/and Court Docket No.: _____

**** If the offense was a sex offense, was the victim under age 18 at the time the crime was committed?**

_____ No _____ Yes If Yes, give victim's DOB (/ /) & age at the time of the crime: _____

C Are you or any of your family members employed by the Department of Public Safety and Corrections at a state prison? If yes, please indicate which facility: _____

C Might you be interested in touring a state prison? _____

------(for agency use)-----

Date request received in DPS&C: _____ By whom? _____